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EXAMINER
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PORTER, RACHEL L

ART UNIT	PAPER NUMBER
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3626

SHORTENED STATUTORY PERIOD OF RESPONSE	MAIL DATE	DELIVERY MODE
3 MONTHS	02/09/2007	PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

If NO period for reply is specified above, the maximum statutory period will apply and will expire 6 MONTHS from the mailing date of this communication.

# Office Action Summary

Application No.

09/748,359

Applicant(s)

LENCKI ET AL.

Examiner

Rachel L. Porter

Art Unit

3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

## Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

## Status

- 1) ☒ Responsive to communication(s) filed on 21 August 2006.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

## Disposition of Claims

- 4) ☒ Claim(s) 1-12, 14-31, 33-48, 50, 51, 70-79, 81, 82, 106 and 107 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-12, 14-31, 33-48, 50-51, 70-79, 81-82, and 106-107 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

## Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

## Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some \* c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
  - ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

## Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☒ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)  
Paper No(s)/Mail Date \_\_\_\_\_
- 4) ☐ Interview Summary (PTO-413)  
Paper No(s)/Mail Date. \_\_\_\_\_
- 5) ☐ Notice of Informal Patent Application (PTO-152)
- 6) ☐ Other: \_\_\_\_\_

**DETAILED ACTION**

***Notice to Applicant***

1. This communication is in response to the amendment filed 8/21/2006. Claims 1-12, 14-31, 33-48, 50-51, 70-79, 81-82, and 106-107 are currently pending.

***Claim Rejections - 35 USC § 112***

2. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

3. The rejection of claims 18-19, 37-38, 71, 79, and 106-107 under 35 U.S.C. 112, second paragraph, is hereby withdrawn due to the amendment filed 5/17/06.

***Claim Rejections - 35 USC § 102***

4. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

5. Claims 1-12, 15-17, 20-31, 34-36, 39-48, 51, 70-79 and 82 are rejected under 35 U.S.C. 102(e) as being anticipated by Wizig (USPN 6,735,569).

[claim 1] Wizig discloses a method of providing benefits to an employee comprising:

Art Unit: 3626

- receiving an insurance coverage package selection from the employee wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type (e.g. insurance—benefit type); (Figure 55; col. 14, lines 38-64)
- for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different line items associated with the benefit category to the employee on a user interface accessible through a computer network (col. 6, lines 15-24) wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero; (Figure 33,—employee co-payment for type of service/ benefit category; Figure 53—sponsor contribution for employee)
- for each of the plurality of benefit categories automatically included in the package receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and (Fig. 30, 33; col. 14, lines 38-64; Figure 55)
- providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with

Art Unit: 3626

the purchase selections made by the employee (Col. 16, lines 47-col. 17, line 39)

[claim 2] Wizig teaches a method wherein at least one of the different line items displayed on the interface includes a predefined employer contribution to said employee for purchase of said at least one of said line items. (col. 12, lines 24-29; Figure 30, 53)

[claims 3-4] Wizig teaches a method wherein said plurality of benefit categories comprises insurance (e.g. health insurance) benefits. (col. 12, lines 24-29, Figure 33)

[claim 5] Wizig teaches a method wherein said plurality of line items comprises line items selected from the group consisting of: preventative care; physician care, hospital care, emergency care, pharmacy care, alternative care, vision care, and behavioral health care services. (Figures 27, 30, 37-38; col. 13, lines 42-57: e.g. Services provided by specific healthcare providers and/or by general benefits plan.)

[claims 6-7] Wizig teaches a method wherein said benefit costs to the employee for purchasing the coverage under the benefit category are established based on prior cost data or actuarial data. (col. 9, lines 50-67; col. 16, lines 47-col. 17, line 23; col. 20, lines 54-col. 21, line 50)

[claim 8] Wizig teaches a method further comprising: identifying a plurality of options for purchase by said employee within said line items. (Fig. 33)

[claim 9] Wizig teaches a method wherein said options comprise cost sharing options. (col. 8, lines 59-col. 9, line 19; Figure 33: sponsoring and co-payment)

[claim 10] Wizig teaches a method wherein said options comprise place of service options. (Figure 28: e.g. distance in miles/time from providers)

[claim 11] Wizig teaches a method wherein said options comprise benefit provider network options. (col. 13, lines 30-51; col. 15, lines 43-57)

[claim 12] Wizig teaches a method according to claim 8, said method further comprising: identifying a plurality of sub-options for purchase by said employee within said options. (Figures 30-31,55; col. 14, lines 38-64)

[claim 15] Wizig teaches a method wherein said computer network is a global computer network and wherein said user interface is provided at a web site on said network. (col. 6, lines 1-24)

[claim 16] Wizig teaches a method further comprising: identifying factors on said user interface for said employee to consider in connection with the purchase of one or more of said line items. (Figures 26-29)

[claim 17] Wizig teaches a method according to claim 13, said method further comprising:

- querying said employee through said user interface for personal information related to said employee (Figure 20; Figure 28 e.g. preferences); and
- explaining the need for said personal information on said user interface. (Figure 28—explains how preference information is used)

[claim 20] Wizig teaches a method further comprising:

- creating data comprising personal information related to said employee and representing each said line item purchased by said employee; and (col. 10, lines 66-col. 11, line 8, lines 14-31; Figures 4A-4D, col. 13, lines 18-col. 14, line 25)
- transmitting said data to a customer service vendor configured to automatically build a customer benefit summary for said employee based on said data. (Figure 33, 55; col. 14, lines 38-64—e.g. Express Buy)

[claim 21] Wizig discloses a method of providing healthcare to an employee comprising:

- receiving an insurance coverage package selection from the employee wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type (e.g. insurance—benefit type); (Figure 55; col. 14, lines 38-64)
  - o for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different healthcare line items associated with the benefit category to the employee on a user interface accessible through a computer network (col. 6, lines 15-24) wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit

Art Unit: 3626

category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero; (Figure 33,— employee co-payment for type of service/ benefit category; Figure 53— sponsor contribution for employee)

- for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and (Fig. 30, 33; col. 14, lines 38-64; Figure 55)
- providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee (Col. 16, lines 47-col. 17, line 39)

[claim 22] Wizig discloses a method wherein at least one of the different line items displayed on the interface includes a predefined employer contribution to said employee for purchase of said at least one of said line items. (col. 12, lines 24-29; Figure 30, 53)

[claim 23] Wizig teaches a method, wherein said predefined contribution is provided by said employee's employer. (col. 12, lines 24-29; Figure 24)

[claim 24] Wizig teaches a method wherein said plurality of line items comprises line items selected from the group consisting of: preventative care, physician care, hospital



Art Unit: 3626

care, emergency care, pharmacy care, alternative care, vision care, and behavioral health care services. (Figures 27, 30, 37-38; col. 13, lines 42-57: e.g. Services provided by specific healthcare providers and/or by general benefits plan.)

[claims 25-26] Wizig teaches a method wherein said wherein said benefit costs to the employee for purchasing the coverage under the benefit category are established based on prior cost data or actuarial data. (col. 9, lines 50-67; col. 16, lines 47-col. 17, line 23; col. 20, lines 54-col. 21, line 50)

[claim 27] Wizig teaches a method further comprising: identifying a plurality of options for purchase by said employee within said line items. (Fig. 33)

[claim 28] Wizig teaches a method wherein said options comprise cost sharing options. (col. 8, lines 59-col. 9, line 19; Figure 33: sponsoring and co-payment)

[claim 29] Wizig teaches a method according to claim 27, wherein said options comprise place of service options. (Figure 28: e.g. distance in miles/time from providers)

[claim 30] Wizig teaches a method wherein options comprise benefit provider network options. (col. 13, lines 30-51; col. 15, lines 43-57)

[claim 31] Wizig teaches a method further comprising: identifying a plurality of sub-options for purchase by said employee within said options. (Figures 30-31,55; col. 14, lines 38-64)

[claim 34] Wizig teaches method wherein said computer network is a global computer network and wherein said user interface is provided at a web site on said network. (col. 6, lines 1-24)

Art Unit: 3626

[claim 35] Wizig teaches a method further comprising: identifying factors on said user interface for said employee to consider in connection with the purchase of one or more of said line items. (Figures 26-29)

[claim 36] Wizig teaches a method further comprising: querying said employee through said user interface for personal information related to said employee Figure 20; Figure 28 e.g. preferences); and explaining the need for said personal information on said user interface. (Figure 28—explains how preference information is used)

[claim 39] Wizig teaches a method further comprising:

- storing data comprising personal information related to said employee and representing each said line item purchased by said employee; and (col. 10, lines 66-col. 11, line 8, lines 14-31; Figures 4A-4D, col. 13, lines 18-col. 14, line 25)
- transmitting said data to a customer service vendor configured to automatically build a customer benefit summary for said employee based on said data. (Figure 33, 55; col. 14, lines 38-64—e.g. Express Buy)

[claim 40] Wizig teaches a method of establishing a health care benefits offering to an employee group comprising:

- establishing a healthcare cost for said group; (Figures 4A-D, 32, col. 16, lines 19-47, e.g. family plans) and
- establishing a plurality of health care line different items based on said cost. (Figures 31-32, col. 16, lines 19-47)

- said method further comprising:
  - receiving an insurance coverage package selection from an employee in the group wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type (e.g. insurance—benefit type); (Figures 25, 37-38; 55; col. 14, lines 38-64)
    - o for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different line items associated with the benefit category to the employee on a user interface accessible through a computer network (col. 6, lines 15-24) wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero; (Figure 33,—employee co-payment for type of service/ benefit category; Figure 53—sponsor contribution for employee)
  - for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and (Fig. 30, 33; col. 14, lines 38-64; Figure 55)

Art Unit: 3626

- providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee (Col. 16, lines 47-col. 17, line 39)

[claim 41] Wizig teaches a method wherein said plurality of line items comprises line items selected from the group consisting of: preventative care, physician care, hospital care, emergency care, pharmacy care, alternative care, vision care, and behavioral health care services. Figures 27, 30, 37-38; col. 13, lines 42-57: e.g. Services provided by specific healthcare providers and/or by general benefits plan.)

[claims 42-43] Wizig teaches a method wherein healthcare costs are established based on prior cost data or actuarial data. (col. 9, lines 50-67; col. 16, lines 47-col. 17, line 23; col. 20, lines 54-col. 21, line 50)

[claim 44] Wizig teaches a method further comprising: establishing a plurality of options within at least one of said line items. (Fig. 33)

[claim 45] Wizig teaches a method wherein said options comprise cost sharing options. (col. 8, lines 59-col. 9, line 19; Figure 33: sponsoring and co-payment)

[claim 46] Wizig teaches a method wherein said options comprise place of service options. (Figure 28: e.g. distance in miles/time from providers)

[claim 47] Wizig teaches a method wherein said options comprise benefit provider network options. (col. 13, lines 30-51; col. 15, lines 43-57)

Art Unit: 3626

[claim 48] Wizig teaches method further comprising: establishing a plurality of sub-options within at least one of said options. (Figures 30-31,55; col. 14, lines 38-64)

[claim 51] Wizig teaches a method wherein said computer network is a global computer network and wherein said user interface is provided at a web site on said network. (col. 6, lines 1-24)

[claim 70] Wizig teaches a system for providing benefits to an employee comprising:

- at least one database; (col. 7, line 47-56; Figures 1- 2)
- at least one processor for accessing said database; (Figs. 1-2; col. 6, line 62-col. 7, line 46) and
- a user-interface accessible through a computer network (col. 6, lines 15-24) for accessing said processor (Figures 1-2; 30-31; col. 6, lines 4-34)
- wherein the at least one processor receives an insurance coverage package selection from the employee wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type (e.g. insurance—benefit type); (Figure 55; col. 14, lines 38-64)
- wherein for each of the plurality of benefit categories automatically included in the package, the user-interface simultaneously displays a plurality of different line items associated with the benefit category to the employee,(Figures 1, 30, 33; col. 6, lines 15-24) wherein each of the different line items displayed on the interface includes (i)

Art Unit: 3626

- an out-of-pocket cost parameter stored in the at least one database and corresponding to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (Figure 2, 18) (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category, said corresponding benefit cost being stored in the at least one database (Figures 9, 30-32) and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero; (Figure 33,-- employee co-payment for type of service/ benefit category; Figure 53—sponsor contribution for employee)
- wherein for each of the plurality of benefit categories automatically included in the package, the at least one processor receives via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and (Fig. 30, 33; col. 14, lines 38-64; Figure 55)
  - wherein the at least one processor is used for providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee (Col. 16, lines 47-col. 17, line 39)

[claim 71] Wizig teaches a system wherein said at least one database further comprises data representing a predefined employer contribution to said employee for purchase of at least one of said line items. (Figure 2, 15--col. 12, lines 16-28—sponsor contribution amount is stored (i.e. sponsor individual database))

Art Unit: 3626

[claims 72-73]       Wizig teaches a system wherein at least one said benefit categories comprises insurance and wherein the insurance benefits comprise health insurance benefits. (col. 12, lines 24-29, Figure 33)

[claim 74]       Wizig teaches a system wherein said plurality of line items comprises line items selected from the group consisting of: preventative care, physician care, hospital care, emergency care, pharmacy care, alternative care, vision care, and behavioral health care services. (Figures 27, 30, 37-38; col. 13, lines 42-57: e.g. Services provided by specific healthcare providers and/or by general benefits plan.)

[claim 75]       Wizig teaches a system wherein said database further comprises data representing a plurality of options for purchase by said employee within said line items. (Fig. 33)

[claim 76]       Wizig teaches a system wherein said options comprise cost sharing options. (col. 8, lines 59-col. 9, line 19; Figure 33: sponsoring and co-payment)

[claim 77]       Wizig teaches a system wherein said options comprise place of service options. (Figure 28: e.g. distance in miles/time from providers)

[claim 78]       Wizig teaches a system wherein said options comprise benefit provider network options. (col. 13, lines 30-51; col. 15, lines 43-57)

[claim 79]       Wizig teaches a system wherein said at least one database further comprises data representing a plurality of sub-options for purchase by said employee within said options. (Fig. 13)

Art Unit: 3626

[claim 82] Wizig teaches a system wherein said computer network is a global computer network and wherein said user interface is provided at a web site on said network. (col. 6, lines 1-24)

***Claim Rejections - 35 USC § 103***

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

7. Claims 14,18-19,33,37-38,50,81, and 106-107 are rejected under 35 U.S.C. 103(a) as being unpatentable over Wizig (USPN 6,735,569) in view of Spurgeon (USPN 5,890,129)

[claim 14] Wizig teaches a method and system for providing benefits to an individual (e.g. employee), and for providing a user interface for the selection of benefits over a computer network (col. 6, lines 15-24, Figures 1-2), but does not expressly disclose that the computer network is a local area network. Spurgeon discloses the use of local area networks (LAN's) to provide/transmit insurance benefits data (Figure 1; col. 6, lines 61-col. 7, line 7). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method/system of Wizig to include LAN's among the types of networks used to transmit/provide benefits data. As suggested by Spurgeon, one would have been motivated to include this feature to allow different parties (e.g. insurers/ healthcare providers) to continue to use their existing systems,



Art Unit: 3626

while reaping the benefits of automatic exchange of insurance benefits information. (col. 2, lines 64-67)

[claims 18] Wizig teaches a method further comprising storing data representing each said line item purchased by said employee (Figures 9 and 15; col. 9, lines 6-19; col. 10, lines 16-31—databases store information on items purchased by employee). Wizig also teaches a method wherein profiles are created for the user, but does not expressly disclose transmitting the stored data to a benefit claims processing vendor configured to automatically build a benefit profile for said employee based on said data. Spurgeon teaches a method wherein data gathered/stored from the user on selected benefits is transmitted to a benefit claims processing vendor (i.e. insurer or third party reviewer), which may build a profile of the individual (i.e. store a profile of the insured in a database). (Spurgeon: col. 4, lines 7-18; col. 6, lines 16-43). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system/method of Wizig with the teaching of Spurgeon to provide user information to a benefit claims processor vendor (i.e. insurer/third party reviewer), which may provide a profile of the user. As suggested by Spurgeon, one would have been motivated to include this feature to increase the speed with which claims may be processed and paid (col. 4, lines 43-46) and to provide a mechanism for updating providers on the status of a patient/subscriber (i.e. the employee purchasing benefits). (col. 8, line 54-57)

Art Unit: 3626

[claim 19] Wizig and Spurgeon teach the method of providing benefits of claim 18 as explained in the rejection of 18. However, Wizig does not disclose claims processing and as such, does not disclose that the recited claims processing vendor is configured to confirm eligibility for payment of benefit claims based on the user's benefit profile. Spurgeon teaches a method and system wherein the benefit claims processing vendor (i.e. insurer or third party reviewer) is configured to confirm eligibility for payment of benefit claims based on the user's benefit profile. (col. 4, lines 7-18; col. 10, line 45-col. 11, line 10). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system/method of Wizig with the teaching of Spurgeon to have the claims processing vendor confirm status (i.e. eligibility) of the subscriber based upon the stored user information. As suggested by Spurgeon, one would have been motivated to include this feature to increase the speed with which claims may be processed and paid (col. 4, lines 43-46).

[claim 33] Wizig teaches a method and system for providing benefits to an individual (e.g. employee), and for providing a user interface for the selection of benefits over a computer network (col. 6, lines 15-24, Figures 1-2), but does not expressly disclose that the computer network is a local area network. Spurgeon discloses the use of local area networks (LAN's) to provide/transmit insurance benefits data (Figure 1; col. 6, lines 61-col. 7, line 7). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method/system of Wizig to include LAN's among the types of networks used to transmit/provide benefits data. As suggested by

Art Unit: 3626

Spurgeon, one would have been motivated to include this feature to allow different parties (e.g. insurers/ healthcare providers) to continue to use their existing systems, while reaping the benefits of automatic exchange of insurance benefits information. (col. 2, lines 64-67)

[claim 37] The limitations of claim 37 are addressed by the rejections of claims 18 and 21, and incorporated herein.

[claim 38] The limitations of claim 38 are addressed by the rejections of claims 19 and 37, and incorporated herein.

[claim 50] Wizig teaches a method and system for providing benefits to an individual (e.g. employee), and for providing a user interface for the selection of benefits over a computer network (col. 6, lines 15-24, Figures 1-2), but does not expressly disclose that the computer network is a local area network. Spurgeon discloses the use of local area networks (LAN's) to provide/transmit insurance benefits data (Figure 1; col. 6, lines 61-col. 7, line 7). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method/system of Wizig to include LAN's among the types of networks used to transmit/provide benefits data. As suggested by Spurgeon, one would have been motivated to include this feature to allow different parties (e.g. insurers/ healthcare providers) to continue to use their existing systems, while reaping the benefits of automatic exchange of insurance benefits information. (col. 2, lines 64-67)

[claim 81] Wizig teaches a method and system for providing benefits to an individual (e.g. employee), and for providing a user interface for the selection of benefits over a computer network (col. 6, lines 15-24, Figures 1-2), but does not expressly disclose that the computer network is a local area network. Spurgeon discloses the use of local area networks (LAN's) to provide/transmit insurance benefits data (Figure 1; col. 6, lines 61-col. 7, line 7). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method/system of Wizig to include LAN's among the types of networks used to transmit/provide benefits data. As suggested by Spurgeon, one would have been motivated to include this feature to allow different parties (e.g. insurers/ healthcare providers) to continue to use their existing systems, while reaping the benefits of automatic exchange of insurance benefits information. (col. 2, lines 64-67)

[claim 106] Wizig teaches a method of providing benefits to an employee comprising:

- receiving an insurance coverage package selection from the employee wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type (e.g. insurance—benefit type); (Figure 55; col. 14, lines 38-64)
- for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different line items associated with the benefit category to the employee on a user interface accessible through a computer network

Art Unit: 3626

- (col. 6, lines 15-24) wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero; (Figure 33,—employee co-payment for type of service/ benefit category; Figure 53—sponsor contribution for employee)
- identifying a predefined employer contribution to said employee on said user interface for purchase of at least one of said line items. (col. 12, lines 24-29; Figure 24)
  - for each of the plurality of benefit categories automatically included in the package receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and (Fig. 30, 33; col. 14, lines 38-64; Figure 55)
  - storing data representing each said line item purchased by said individual (Figures 9 and 15; col. 9, lines 6-19; col. 10; lines 16-31—databases store information on items purchased by employee)
  - providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee (Col. 16, lines 47-col. 17, line 39)

Art Unit: 3626

Wizig also teaches a method wherein profiles are created for the user, but does not expressly disclose transmitting the stored data to a benefit claims processing vendor configured to automatically build a benefit profile for said employee based on said data. Spurgeon teaches a method wherein data gathered/stored from the user on selected benefits is transmitted to a benefit claims processing vendor (i.e. insurer or third party reviewer), which may build a profile of the individual (i.e. store a profile of the insured in a database). (Spurgeon: col. 4, lines 7-18; col. 6, lines 16-43). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system/method of Wizig with the teaching of Spurgeon to provide user information to a benefit claims processor vendor (i.e. insurer/third party reviewer), which may provide a profile of the user. As suggested by Spurgeon, one would have been motivated to include this feature to increase the speed with which claims may be processed and paid (col. 4, lines 43-46) and to provide a mechanism for updating providers on the status of a patient/subscriber (i.e. the employee purchasing benefits). (col. 8, line 54-57)

[claim 107] Wizig teaches a method wherein the health insurance line items are selected from the group consisting of: preventative care, physician care, hospital care, emergency care, pharmacy care, alternative care, vision care, and behavioral health care services. Figures 27, 30, 37-38; col. 13, lines 42-57: e.g. Services provided by specific healthcare providers and/or by general benefits plan.)

***Response to Arguments***

8. Applicant's arguments filed 8/21/06 have been fully considered but they are not persuasive.

(A) Applicant argues the amended claim language. In response, new grounds of rejection and new citations from the prior art have been cited to address the new limitations.

However, it should be noted that the independent claims 1,21,40,70, and 106, each recite the terms benefit category(-ies), line item(s) (associated with benefit categories) and benefit types. It is not clear from the claim language or the specification how these terms are defined, or relate to one another in a manner that distinguishes one from the other. For example, claim 74 states that the "line items" are selected from the group consisting of: preventative care, physician care, hospital care...vision care, and behavior health care services. Applicant further argues on page 19 of the 8/21/06 of the response that Figure 22C of the Applicant's specification "shows the following benefit categories: preventative care, physician care, hospital care...vision care, and behavior health care services." Thus it is unclear to the Examiner how the "plurality of different line items" is distinguished from benefit categories. Similarly, it is unclear how a benefit type is distinct from benefit category. Furthermore, these terms do not seem distinct from the selectable categories of care offered to an individual/ employee as disclosed by Wizig.

Art Unit: 3626

**Conclusion**

9. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Rachel L. Porter whose telephone number is (571) 272-6775. The examiner can normally be reached on M-F, 9:30-6:00.


If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571) 272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.



Art Unit: 3626

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